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AUTHOR Markides, Kyriakos S.; And Others
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ABSTRACT

Psychological distress is investigated in a sample of elderly Mexican Americans and Anglos residing in a four-census tract area in southwest San Antonio. Comparisons of the two ethnic groups using the Computer Derived Mental Health Rating as the measure of psychological distress show that Mexican Americans exhibit more distress than Anglos. This difference, however, disappears when socioeconomic status is controlled using analysis of variance. No difference by ethnicity is also observed when sex is introduced as a second control variable in the analysis. Findings are compared with recent findings of a study in Houston showing lower distress among Mexican Americans than Anglos where lower distress levels among Mexican Americans were explained in terms of the social selection hypothesis. A critical evaluation of the applicability of the social selection and social stress hypotheses to psychological distress among minority-cultural groups is given. (Author)

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PSYCHOLOGICAL DISTRESS AMONG ELDERLY MEXICAN AMERICANS AND ANGLOS*

Kyriakos S. Markides
Division of Sociology
Department of Psychiatry
The University of Texas
Health Science Center
at San Antonio

Harry W. Martin
Division of Sociology
Department of Psychiatry
The University of Texas
Health Science Center
at San Antonio

Mark Sizemore
Department of Sociology
North Texas State
University

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Psychological Distress among Elderly Mexican Americans and Anglos

Studies of mental health of Mexican Americans have repeatedly indicated that they may experience less impairment than Anglos. This was first suggested by Jaco's work (1957, 1959, 1960) who computed rates of incidence of psychoses in a state-wide study in Texas. Data were obtained on persons seeking psychiatric treatment for the first time in their lives during 1951-1952 from all psychiatrists in private practice in Texas as well as from all private, city-county, state and Veterans' Administration hospitals in Texas and surrounding states. His findings indicated a much lower incidence of treatment among Mexican Americans than Anglos. Jaco recognized two possible sources of bias in his study: the possibility that some Mexican Americans sought treatment from nonpsychiatrists, and the possibility that in some cases, psychoses were concealed and received no professional attention. He maintained, however, that the influence of these factors was minimized since all qualified sources of psychiatric care were encompassed and since the psychoses studied are difficult to conceal. He argued that differences in the rates of treatment reflected actual differences in mental disorders since ". . . more than two and a half times the number of psychotic cases would have had to be overlooked or avoided treatment among the Spanish-American group for their rate to have merely equaled that of the Anglo-Americans" (Jaco, 1959:472).

Jaco suggested that a plausible interpretation of his findings may be that the Mexican American kinship structure operates to protect the individual against stress and, thus, reduces the rate of psychoses (1957). Madsen (1963) maintained that such an interpretation was consistent with his ethnographic observations in South Texas. He proposed that stress has a more detrimental effect on the Anglo who tends to experience it as an individual, than on the Mexican American whose family shares and relieves it. Jaco (1957) predicted

that as Mexican Americans become more acculturated, their level of mental disorder can be expected to increase closer to that of the Anglos.

Other studies conducted in the Southwest have repeatedly shown that Mexican Americans underutilize mental health facilities. According to Gaitz and Scott (1974:104-5) " . . . some of the decisive factors may be cultural attitudes toward illness, roles in the family, and resistance to obtaining professional help in formal and impersonal Anglo institutions". As they note, however, in their study in East Los Angeles Karno and Morales (1971:284) found that "Mexican American patients respond at least as well as their Anglo counterparts when they are offered professionally expert treatment in a context of cultural and linguistic familiarity and acceptance". Because of the above cultural considerations, Gaitz and Scott (1974:105) felt that studies of utilization of mental health services do not present a "clear and complete picture".

One study which avoided these problems was conducted in Houston (Gaitz and Scott, 1972; 1974; Antunes, et. al., 1975; Scott and Gaitz, 1975). The 1,441 Houston residents interviewed in 1969 equally represented both sexes, two occupational class levels, and three ethnic groups: Anglos, Blacks, and Mexican Americans. The Lagner Twenty-Two Item Screening Scale (Lagner, 1962) served as the primary measure of psychological distress. The results consistently showed Mexican Americans having a lower level of psychological distress. In interpreting their findings, Gaitz and Scott (1974:109) suggested that the ethnic differences observed ". . . may reflect different modes of expression rather than true differences in mental health". In another paper, Antunes, et. al. (1974) were more definitive in viewing the observed differences as reflecting true differences in psychological distress between the ethnic groups. "At a minimum", they say, "our data contradict the social stress interpretation;

the disadvantaged minority group members within each socioeconomic status category showed a lower rather than higher average level of psychological symptoms than did the Anglos of the same status. Furthermore, the results of our analysis lend support to the social selection hypothesis." (Antunes, et. al., 1974).

The two rival hypotheses tested by the Antunes et. al. (1974) paper have been extensively discussed in the literature on social class and mental health (See, for example, Dohrenwend and Dohrenwend, 1969; Kohn, 1969, 1972). In discussing the two hypotheses with regard to minority groups, Antunes et. al., (1974:362) maintained that:

> Members of disadvantaged minorities face stronger downward pressure than experienced by Anglos of similar status . . . if the social stress model is correct, then psychological distress will be higher among . . . minority group persons than among Anglos of similar social class. All these persons share the stresses common to their social class . . . Additionally . . . members of the minority groups must absorb the added stresses caused by racial bigotry and discrimination . . . and thus would have higher levels of psychological distress than Anglos of similar social class . . . if the social selection model is correct, a pool of psychologically impaired persons will collect in the lowest social classes. Since opportunities for upward mobility are more restricted and downward pressures are much greater for members of disadvantaged groups, ethnic members who would have risen in social class were there no racial constraints on mobility tend to be forced to remain in the lowest class groups, and those higher class ethnics with some degree of impairment are forced downward in social class to a greater degree than Anglos afflicted with similar impairments. All this has the effect of lowering the average level of distress found among disadvantaged ethnics of a given class relative to Anglos of the same social class.

Since Antunes et. al., (1974) found lower levels of distress among both Blacks and Mexican Americans than among Anglos of the same social class, they argued in favor of the social selection hypothesis. Similar support for the social selection hypothesis was discussed in a paper by Scott and Gaitz (1975:392).

In this paper we report findings on psychological distress obtained from interviews with elderly Mexican Americans and Anglos residing in southwest

San Antonio. Our findings will be interpreted in light of the social stress and social selection hypotheses.

METHODS

Sample: The data for this study were obtained in the summer of 1976 from 522 interviews with persons 60 years old and over residing in four census tracts in southwest San Antonio using area probability sampling. Of the 522 persons interviewed, 362 were Mexican Americans and 156 were Anglos. Four persons of "other" ethnicity are excluded from the analysis. Of the Mexican Americans 217, or 59.9 percent, were women, while 103 or 66.0 percent of the Anglos were women. The ethnicity and sex breakdown of the sample closely approximates data reported in the 1970 census counts for the four census-tract area.

The Mexican American subjects were interviewed in either Spanish or English, depending upon their preference, by bilingual Mexican American interviewers. Anglo subjects were interviewed by Anglo interviewers.

Despite the fact that all persons interviewed lived in the same area of the city, the two ethnic groups differ significantly by socioeconomic status, reflecting the less favorable position of Mexican Americans. Of those reporting their incomes, 61.5 percent of the Mexican Americans had monthly family incomes of less than $300 compared with 38.5 percent of the Anglos. Greater differences were observed in the educational attainment of the two groups. About 42 percent of the Mexican Americans report no formal schooling compared with only two percent of the Anglos.

Measures: Psychological distress is measured by the Computer Derived Mental Health Rating (CMHR) developed in connection with the Midtown Manhattan Restudy (Srole, 1975; Singer et. al., 1976). . CMHR consists of 22 items derived from the Midtown symptom items. Nine of the 22 items also appear in the Lagner Scale (Lagner, 1962). The items were included in the scale based on their

ability to predict psychiatrists' ratings using mutliple regression. According to Singer et. al. (1976:378) the final equation with the 22 items accounted for some 69 percent of the variance in psychiatrists' ratings. For our purposes a psychological distress score for each individual is computed by summing up the number of symptomatic responses following the Lagner scoring method.

Socioeconomic status is measured in terms of years of school completed, monthly family income, and Duncan's socioeconomic index of occupations. Each respondent's occupation (during most of his/her working life) is given the appropriate score with a possible range from 0 to 100. For female respondents husband's occupation is used as an index of occupational status. Reported occupations are also grouped in two occupational categories in a manner similar to that in the Antunes et. al. (1974) paper. The "high" status category includes persons reporting white-collar and skilled blue-collar occupations and farmer-owners. Semi-skilled, unskilled and service workers as well as farm laborers compose the "low" occupational category.

The above variables are used to control for socioeconomic status differences in order to examine ethnic differentials in psychological distress scores for Mexican Americans and Anglos. Our findings are examined and interpreted in terms of the social stress and social selection hypotheses and in light of the findings by Antunes et. al. (1974).

FINDINGS

Table 1 presents a comparison between the responses of the two ethnic groups to the items in the CMHR. Both the average percentage response and the mean number of symptomatic responses is higher for Mexican Americans than for Anglos. Anglos report an average of 3.3 symptomatic responses versus 3.9 for Mexican Americans, a statistically significant difference. ($P<.05$, F-test). Since, however, the two groups differ by socioeconomic status

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Table 1 about here

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the observed differences in symptom scores may be due to socioeconomic status differences. To examine this we computed symptom scores by controlling for socioeconomic status differences. Table 2 presents mean symptom scores controlling for occupational, income, and educational levels. Two-way analysis of variance is employed to assess the independent effects of ethnicity and each of the four social economic status variables.

Table 2 about here

Table 2 shows that in all four cases when the given socioeconomic status variable is controlled the independent effect of ethnicity disappears. Each socioeconomic status variable, at the same time, is significantly related to symptom scores. No significant interactions were uncovered. Thus, we may conclude that the differences in symptom scores observed between the two ethnic groups are due to socioeconomic and not to ethnic differences.

Our finding of no differences by ethnicity (when SES is controlled) is contrary to the findings from the Houston study which showed lower psychological distress scores among Mexican Americans than Anglos of the same social class level. It may be argued that our socioeconomic status categories are too broad to adequately control for SES differences between groups. Thus, Mexican Americans falling in the "low" category of any variable may be of lower SES level than Anglos in the same category. To get around this problem we compared the mean symtpom scores of Mexican Americans in each "high" SES category with the scores of Anglos in each "low" SES category on the assumption that those groups may be more comparable in the whole SES spectrum. T-tests of means yielded no statistically significant differences between

these categories, giving more credibility to the finding of no ethnic differences in psychological distress when SES is controlled. Thus, our data do not provide support for either the social stress or the social selection hypotheses as applied to elderly Mexican Americans. A social class differential, however, is observed within each ethnic group as shown by the analysis of variance findings given in Table 2.

Another variable which may cloud the comparisons of symptom scores by SES and ethnicity is the sex composition of the ethnicity-SES categories. Since mean symptom scores are higher among women than among men in both the Mexican American (4.1 vs 3.6) and Anglo (3.6 vs 2.7) groups, a higher proportion of Anglo women in any category may account for the lack of difference between Mexican American and Anglo SES groups. Indeed in one category -- "low" years of school -- there is a significantly greater proportion of Anglo women than Mexican American women ($P < .05$, X^2) and in two other categories -- "high" Duncan's Index and "low" income -- it approaches statistical significance. To examine how sex composition may be influencing differences between the two ethnic groups, we introduced sex as an independent variable in the analysis of variance reported in Table 2 in addition to ethnicity and the socioeconomic status variables. In three of the four analyses of variance sex emerges as a statistically significant predictor of symptom scores. In the analysis involving income as an independent variable the effect of sex is not significant. More importantly, however, even after the effect of sex is controlled, the relationships observed earlier remain unchanged: the effects of the socio-economic status variables are statistically significant and no relationship is observed between ethnicity and symptom scores.

We also decided to exclude certain items from the scale and repeat the analysis. One item ("About your health now, is it excellent, good, fair or poor?") was excluded because it may not be a good indicator of a psychological distress symptom even though it was predictive of psychiatrists' ratings (Singer et. al., 1976). Another ("To avoid arguments, do you usually keep your opinions to yourself?") was excluded because it was selected by two-thirds of the respondents and thus may not be a good indicator of a symptom, at least in this population. We also excluded the interviewer rating of the respondents' tension level since it is not a self-reported item. When we conducted the analysis with the remaining 19 items, the difference between the mean symptom scores among the two ethnic groups reported in Table 1 declined somewhat. However, the analysis of variance findings remained virtually unchanged.

DISCUSSION AND CONCLUSIONS

Our findings suggest that the higher level of psychological distress (as measured here) among elderly Mexican Americans than Anglos in our sample can be explained by the lower socioeconomic status of Mexican Americans. Moreover, when SES is controlled, Mexican Americans do not show any less psychological distress than Anglos. This is contrary to the findings of the Houston study that Mexican Americans of all age groups--including the elderly--experience less distress than Anglos of similar social class (Gaitz and Scott, 1972, 1974; Scott and Gaitz, 1975). Two papers (Scott and Gaitz, 1975; Antunes, et. al., 1974) have suggested that the findings of lower distress among Mexican Americans than Anglos support the social selection hypothesis over the social stress hypothesis. According to Antunes, et. al. (1974:366):

> At a minimum, our data contradict the social stress interpretation: the disadvantaged minority group members within each socioeconomic status category showed a lower rather than higher average level of psychological symptoms than did the Anglos of the same status. Furthermore, the results of our analysis lend support to the social selection hypothesis. At least as indicated by the Twenty-two Item Screening Scale, the level of symptomatology among Blacks and Mexican Americans was significantly lower than among Anglos of comparable social status (emphasis theirs).

Our findings of no difference in symptom scores supports neither the social stress nor the social selection hypothesis at least as they apply to the elderly Mexican Americans and Anglos in our sample. This is not to say that social stress and/or social selection do not influence levels of psychological distress. We can only suggest that the net outcome of the two effects along with possible effects of other factors result in similar levels of distress among elderly Mexican Americans and Anglos of similar social class. Our finding that social class is related to psychological distress within both the Mexican American and the Anglo groups suggests that a social stress or social selection effect, or both, may be operating to cause a differential by class but not by ethnicity. When applied to explain differences between two cultural groups, the two models are too simplistic and cannot provide adequate explanations. The social stress model suggests that social class has a uniform effect on psychological distress (or impairment) regardless of factors related to cultural differences. Only the effect of added stress in the minority or disadvantaged group is taken into account because of discrimination and not the possible effect of cultural differences. The social selection model relies too heavily on the effect of genetic endowment with differentials in distress or impairment resulting from upward and downward mobility (Dohrenwend and Dohrenwend, 1969:167). In fact, the social selection model has no room for the possible effect of cultural differences.

One such cultural factor, which may influence levels of distress may be differences in the role of the family in influencing psychological distress. The family is an important institution that protects the individual from stress and as Kohn (1972:299) suggests "If internal resources for dealing with complex and stressful situations are at issue, then that primary socializing institution, the family, is probably somehow involved". While the effect of the Mexican

American family in protecting and sheltering the individual from stress has been overemphasized (Moore, 1971; Montiel, 1970, 1973; Maldonado, 1975), the possible effect of the Mexican American family on psychological distress is something we know very little about. In fact, very little is known about Mexican American family structure and how it differs from the Anglo family.

While factors influencing psychological distress are little understood, we expected the Mexican Americans to show greater levels of distress than the Anglos even after social class is controlled. We are in accord with those writers (e.g., Moore, 1971; Montiel, 1970, 1973) who argue that the Mexican American family is not as protective of the individual as earlier studies had suggested (e.g., Jaco, 1957; Madsen, 1964, 1969; Rubel, 1966; Carp, 1968). We also believe that Mexican Americans have suffered from discrimination and exclusion. Our finding that their distress level is similar to that of Anglos in the same social class may, perhaps, be explained in terms of other factors; but what is difficult to explain is the finding of a lower distress level among Mexican Americans in the Houston study.

The differences in our findings from the Houston findings are difficult to explain especially when one considers the difference in the ethnic composition of the San Antonio and Houston populations. While Mexican Americans in Houston are a small minority, in San Antonio they compose more than half the city's population. Moreover in the four-census tract area covered in our study, Anglos form a very small minority. The area is about 80 percent Mexican American, and a large proportion of the Anglo population are elderly persons who remained in the area when younger age groups migrated to other parts of the city. If the hypothesis that persons living in an area in which they are a minority can be expected to exhibit higher levels of psychological distress than similar persons living in an area where they are in the majority (Wechsler

and Pugh, 1967) has validity, then we can better understand why the disadvantaged elderly Mexican Americans in our sample do not show greater psychological distress than the elderly Anglos. The fact that Mexican Americans are in a majority would tend to have a beneficial effect on their distress level, and at the same time, the fact that the Anglos live in a predominantly Mexican American area would tend to have a detrimental effect on their distress level. By the same token the Anglos in the Houston sample are clearly in the majority while the Mexican Americans are clearly in a minority, at least within Houston at large. The fact that the level of distress among Houston Mexican Americans was found to be significantly lower than that of Anglos seems contradictory to the above hypothesis.

Unfortunately our findings are not fully comparable with the Houston findings. While the Lagner Twenty-Two Item Screening Scale and the CMHR are very similar, they are not exactly the same. Another important consideration is whether we can take such findings at face value. Is it, perhaps, that findings of the Houston study reflect differences in mode of expression rather than true differences in psychological distress (Gaitz and Scott, 1974)? If this is a possibility investigators must examine in more detail the usefulness of survey instruments to compare distress levels in different cultural groups. For example, are there differences among ethnic groups in the social desirability of particular items indicating symptoms? To what extent can we attain linguistic and cultural equivalence of meaning in such measures enabling us to perform valid comparisons (Draguns, 1973:23-24)? As has been demonstrated by Edgerton and Karno (1971) Mexican American subjects gave varied responses to a scale of attitudes toward mental illness when interviewed in Spanish than when interviewed in English.

In sum, we feel that the social stress and social selection hypotheses

are too simplistic to explain differences in psychological distress levels among different cultural groups. The social selection hypothesis in particular is questionable in that it does not allow for the effect of cultural differences. The fact that it was supported by the findings of the Houston study (Antunes, et al., 1974; Scott and Gaitz, 1975) is puzzling in the light of our findings and in light of findings of higher distress levels among other minority groups such as Puerto Ricans (Dohrenwend and Dohrenwend, 1969; Haberman, 1970).

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Table 1

Percent of symptomatic responses to items of CMHR by ethnicity

Scale Items	Mexican Americans (n=367)	Anglos (N=156)
Did you ever have nervous breakdown? (Percent "Yes")	10.3	6.5
Do you ever have any trouble in getting to sleep or staying asleep? (Percent "Often")	10.6	13.0
Have you ever been bothered by shortness of breath when you were not exercising or working hard? (Percent "Often)	8.6	9.7
Have you ever had spells of dizziness? (Percent "More than a few times)	4.7	7.8
Have you ever had any fainting spells? (Percent "More than a few times")	3.1	3.2
Are you bothered by nervousness? (Percent "Often")	9.7	9.7
Like a lot of people do you sometimes drink more than is good for you? (Percent "Yes")	4.4	4.5
I have periods of such great restlessness that I cannot sit long in a chair. (Percent "Yes")	23.6	21.4
I am bothered by acid (sour) stomach several times a week. (Percent "Yes")	27.5	23.4
I have periods, weeks, or months when I couldn't take care of things because I couldn't get going (Percent "Yes")	26.4	31.1
I often have a hard time making up my mind about things I should do. (Percent "Yes")	23.3	22.1
When you go out, do you usually prefer to go by yourself? (Percent "Yes")	16.1	9.7
Do you feel somewhat apart, even among friends? (Percent "Yes")	14.4	13.0

Table 1 (Continued)

Percent of symptomatic responses to items of CMHR by ethnicity

Scale items	Mexican Americans (N=362)	Anglos (N=156)
To avoid arguments, do you usually keep your opinions to yourself? (Percent "Yes)	71.1	62.3
Do you sometimes feel that people are against you without any good reason? (Percent "Yes")	23.3	12.3
Behind your back, people say all kinds of things about you. (Percent "Agree")	24.7	12.3
I have personal worries that get me down physically. (Percent "Agree")	20.6	13.0
Certain kinds of places make me tense such as high buildings, tunnels or bridges. (Percent "Agree")	22.2	26.0
How often are you worried by loneliness? (Percent "Often")	10.6	6.5
Feelings of grief and sorrow are suitable for children but not for adults. (Percent "Agree")	13.1	8.4
About your health now, would you say it is excellent, good, fair, or poor? (Percent "Poor")	18.9	15.6
Interviewer rating: R's tension level at start of interview (Percent "Nervous")	8.6	5.2
Average Percent	18.0	15.3
Mean number of symptomatic responses	3.9	3.3[a]

[a] mean symptomatic responses significantly different at .05 level (F=3.85)

Table 2

Mean number of symptoms by occupational skill level, Duncan's Index of occupations, family income and years of school completed by ethnicity

Socioeconomic status variables	N	Mexican Americans (N=352)	N	Anglos (N=156)	F-Test
Occupational Skill Level[a]					
Low	246	4.1	40	3.6	Occupation F=4.0 (P <.05)
					Ethnicity F=1.2 (NS)
High	112	3.6	111	3.3	Occup. x Ethn. F=.16 (NS)
Duncan's Index of Occupations[b]					
Low	290	4.1	72	3.5	Duncan's Index F=7.3 (P<.01)
					Ethnicity F=1.2 (NS)
High	72	3.1	84	3.2	Dunc. x Ethn. F=1.4 (NS)
Monthly Family Income[c]					
Low	217	4.1	55	4.45	Income F=5.8 (P <.05)
					Ethnicity F=2.5 (NS)
High	135	3.7	88	2.8	Inc. x Ethn. F=1.5 (NS)
Years of School Completed[d]					
Low	251	4.2	19	3.1	Years of school F=9.8 (P <.01)
					Ethnicity F=.45 (NS)
High	111	3.3	137	3.3	Sch. x Ethn. F=.56 (NS)

[a]Low: semi-skilled and unskilled blue-collar, service workers and farm laborers.
High: white-collar, skilled blue-collar and farmer-owners.
[b]Low: scores below 22 (average score for all respondents).
High: scores equal to or greater than 22.
[c]Low: less than $300.
High: $300 and over.
[d]Low: less than five years.
High: five years and over.